FORT ATKINSON SUBACUTE CARE CENTER

611 E SHERMAN AVE

FORT ATKINSON 53538 Phone: (920) 568-5200		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	28	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	28	Title 19 (Medicaid) Certified?	No
Number of Residents on 12/31/04:	15	Average Daily Census:	20

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/04)	%			
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 	%	Age Groups	 %	 Less Than 1 Year 1 - 4 Years	100.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.7	1 - 4 lears More Than 4 Years	0.0
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	20.0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	66.7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	6.7	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	40.0		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	20.0	65 & Over	93.3		
Transportation	No	Cerebrovascular	13.3			RNs	36.7
Referral Service	No	Diabetes	6.7	Gender	%	LPNs	30.0
Other Services	No	Respiratory	13.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	6.7	Male	26.7	Aides, & Orderlies	110.0
Mentally Ill	No			Female	73.3		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare			dicaid tle 19			Other		P	rivate Pay	: 		amily Care			anaged Care	l 		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	15	100.0	201	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	15	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0		15	100.0

FORT ATKINSON SUBACUTE CARE CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, a	nd Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	17.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.6	Bathing	0.0		100.0	0.0	15
Other Nursing Homes	0.0	Dressing	0.0		100.0	0.0	15
Acute Care Hospitals	74.8	Transferring	0.0		100.0	0.0	15
Psych. HospMR/DD Facilities	0.0	Toilet Use	0.0		100.0	0.0	15
Rehabilitation Hospitals	0.0	Eating	100.0		0.0	0.0	15
Other Locations	4.0	*******	******	*****	******	*******	*****
Total Number of Admissions	302	Continence		ક	Special Treatme	nts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving Res	piratory Care	0.0
Private Home/No Home Health	54.7	Occ/Freq. Incontiner	nt of Bladder	13.3	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	20.4	Occ/Freq. Incontiner	nt of Bowel	13.3	Receiving Suc	tioning	0.0
Other Nursing Homes	4.2	İ			Receiving Ost	omy Care	0.0
Acute Care Hospitals	10.7	Mobility			Receiving Tub	e Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mec	hanically Altered Diets	6.7
Rehabilitation Hospitals	0.0	į				_	
Other Locations	8.4	Skin Care			Other Resident	Characteristics	
Deaths	1.6	With Pressure Sores		13.3	Have Advance	Directives	60.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	309	İ			Receiving Psy	choactive Drugs	13.3

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Other Hospital-		ospital-	i	All
	Facility	Based Fa	cilities	Fac	ilties
	용	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	71.4	91.7	0.78	88.8	0.80
Current Residents from In-County	93.3	85.3	1.09	77.4	1.21
Admissions from In-County, Still Residing	4.6	14.1	0.33	19.4	0.24
Admissions/Average Daily Census	1510.0	213.7	7.07	146.5	10.31
Discharges/Average Daily Census	1545.0	214.9	7.19	148.0	10.44
Discharges To Private Residence/Average Daily Census	1160.0	119.8	9.69	66.9	17.33
Residents Receiving Skilled Care	100.0	96.2	1.04	89.9	1.11
Residents Aged 65 and Older	93.3	90.7	1.03	87.9	1.06
Title 19 (Medicaid) Funded Residents	0.0	66.8	0.00	66.1	0.00
Private Pay Funded Residents	0.0	22.6	0.00	20.6	0.00
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	0.0	32.7	0.00	33.6	0.00
General Medical Service Residents	6.7	22.0	0.30	21.1	0.32
Impaired ADL (Mean)*	42.7	49.1	0.87	49.4	0.86
Psychological Problems	13.3	53.5	0.25	57.7	0.23
Nursing Care Required (Mean)*	2.5	7.4	0.34	7.4	0.34